



TOWN OF NEWTOWN

SPECIAL EVENT PERMIT APPLICATION (NONPROFIT)

Land Use Agency | 3 Primrose Street | Newtown, CT 06470 | (203) 270-4276

Nonprofit must be Newtown-based. Please obtain the required signatures before submission. The completed application form will be reviewed by the Land Use Agency.

Name of applicant: _____ Date of application: _____

Phone number (best daytime number): _____

Email address: _____

Name of organization: _____

Tax Exempt No. _____ *Copy of tax-exempt certificate required*

Name and cell number of activity supervisor: _____

Address of event: _____

Signature of property owner: _____

Date(s) of event: _____

Hours of use: From _____ a.m./p.m. To _____ a.m./p.m.

Estimated attendees: _____ (Youth) _____ (Adults)

Title of event: _____

Nature/type of activities: _____

Provision for parking: _____

Signature of applicant/supervisor: _____

Fire Marshal signature:

Health District signature (only if serving food):

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Zoning Officer Signature

Date